


**STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CRIMINAL JUSTICE**

MEMORANDUM

TO: County Prosecutors
Superintendent, New Jersey State Police

FROM: Peter C. Harvey 
First Assistant Attorney General
Director, Division of Criminal Justice

DATE: August 23, 2002

SUBJECT: **Search Warrant Application Form**

Pursuant to Attorney General Law Enforcement Directive 2002-2, which takes effect on September 2, attached please find the Search Warrant Approval Form. The Division of Criminal Justice will also be transmitting the form to you electronically. Please reproduce and distribute the form to all law enforcement agencies in your jurisdiction.

The attached form was designed to help search warrant applicants and designated attorneys quickly answer all of the questions contemplated by the Attorney General Law Enforcement Directive. I anticipate that once we have gained some practical experience in implementing the Attorney General Law Enforcement Directive, the form can be modified, and I would very much appreciate any comments or suggestions as to how the form can be improved.

/djb
cc: Vaughn L. McKoy, First Deputy Director
Andy Rossner, Deputy Director

SEARCH WARRANT APPROVAL FORM				(Assigned by Reviewer) CONTROL NO.:		Rev. 8/23/02 Page 1 of ____	
A. CASE INFORMATION							
1. NAME OF APPLICANT			2. AGENCY				
3. TELEPHONE #/PAGER #	4. DATE	5. TIME	6. Method of Submittal: E-mail/Fax: <input type="checkbox"/> Phone: <input type="checkbox"/> In-Person: <input type="checkbox"/>		7. Is applicant the affiant/lead agent? Yes <input type="checkbox"/> No <input type="checkbox"/>		
8. Type of Case (crime suspected):			9. Previous application involving subject/premises? Yes <input type="checkbox"/> No <input type="checkbox"/>		10. Type of warrant sought: In-person <input type="checkbox"/> Telephonic <input type="checkbox"/>		
11. Warrant based upon: Written affidavit <input type="checkbox"/> Sworn oral testimony <input type="checkbox"/> Both <input type="checkbox"/>		12. Investigation involved confidential informant or source? Yes <input type="checkbox"/> No <input type="checkbox"/>		13. Are you seeking a "no knock" entry or unusual time for execution? Yes <input type="checkbox"/> No <input type="checkbox"/>			
B. INTERAGENCY COORDINATION INFORMATION							
14. Length of Investigation		15. a) Was this a joint investigation or task force case? Yes <input type="checkbox"/> No <input type="checkbox"/> b) Did any other agency contribute to investigation or supply information? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, name of agency:					
16. Does criminal activity/operation extend beyond jurisdiction of applicant's agency? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>							
17 a) Is a subject of the investigation or a premises to be searched believed to be associated with terrorist activities? Yes <input type="checkbox"/> No <input type="checkbox"/> b) Is a subject of the investigation or a premises to be searched believed to be associated with sophisticated criminal enterprise? Yes <input type="checkbox"/> No <input type="checkbox"/> c) Is a subject of the investigation or a premises to be searched believed to be associated with organized crime? Yes <input type="checkbox"/> No <input type="checkbox"/>							
18. Is premises/vehicle to be searched or commercial business at that premises believed to be subject to investigation by another law enforcement agency? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, name of agency:							
19. Do you have reason to believe that a target of the current investigation: a) Is a defendant in any pending criminal matter? Yes <input type="checkbox"/> No <input type="checkbox"/> b) Is an informant/cooperating witness for any law enforcement agency? Yes <input type="checkbox"/> No <input type="checkbox"/> c) Is a target of an investigation conducted by another law enforcement agency? Yes <input type="checkbox"/> No <input type="checkbox"/> d) Has ever been detained or questioned by another law enforcement agency? Yes <input type="checkbox"/> No <input type="checkbox"/> e) Is the subject of an outstanding arrest warrant or B.O.L.O. bulletin? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES to 20(a-e), name of agency:							
20. CERTIFICATION: I certify that all of the information in this Application is true to the best of my knowledge and belief. Signature: _____ Date: _____							

21. Action Taken: Approved <input type="checkbox"/> Denied <input type="checkbox"/> *Conditional Approval <input type="checkbox"/> * Explain Conditions:			
22. Resubmission to reviewer required? Yes <input type="checkbox"/> No <input type="checkbox"/>		23. Judge to be contacted:	
LEGAL SUFFICIENCY			
24. Adequate description of place to be searched? Yes <input type="checkbox"/> No <input type="checkbox"/>		25. Adequate description of property to be seized? Yes <input type="checkbox"/> No <input type="checkbox"/>	
26. Exigent circumstances (if telephonic warrant)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
27. Probable cause for each place to be searched? Yes <input type="checkbox"/> No <input type="checkbox"/>		28. Basis for "no knock" or other unusual execution? Yes <input type="checkbox"/> No <input type="checkbox"/>	
INTERAGENCY COORDINATION			
29 a) Is any place to be searched outside the jurisdiction of reviewer? Yes <input type="checkbox"/> No <input type="checkbox"/>		29 b) If YES to 29, has appropriate county prosecutor been notified? Yes <input type="checkbox"/> No <input type="checkbox"/>	
30. Does any other agency appear to have an interest in target/premises? Yes <input type="checkbox"/> No <input type="checkbox"/>		31. Has interested agency been consulted? (If not, explain if there are reasons for not requiring notification) Yes <input type="checkbox"/> No <input type="checkbox"/>	
32. Name/title of person consulted: Does any other agency object to the search? Yes <input type="checkbox"/> No <input type="checkbox"/>			
33. Is there any indication that a subject of the current investigation or a premises to be searched is associated with terrorist activities? (If YES, reviewer must promptly advise U.S. Attorney's Office) Yes <input type="checkbox"/> No <input type="checkbox"/>		34. Reviewing Attorney:	